

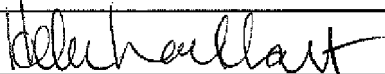
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/789,353-Conf. #9688
		Filing Date	February 26, 2004
		First Named Inventor	Arthur M. Krieg
		Art Unit	1645
		Examiner Name	N. Archie
Total Number of Pages in This Submission		Attorney Docket Number	C1039.70083US07

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; min-height: 100px;">         Remarks       </div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Helen C. Lockhart		
Date	January 12, 2009	Reg. No.	39,248

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated: January 12, 2009

Signature:

 (Sharon R. Lloyd)

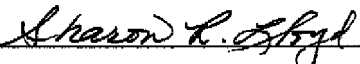
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/789,353-Conf. #9688
		Filing Date	February 26, 2004
		First Named Inventor	Arthur M. Krieg
		Examiner Name	N. Archie
TOTAL AMOUNT OF PAYMENT (\$) 130.00		Art Unit	1645
		Attorney Docket No.	C1039.70083US07

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input type="checkbox"/> Deposit Account Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield &amp; Sacks, P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>																																																	
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																																	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																										
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																											
Utility	330	165	540	270	220	110																																											
Design	220	110	100	50	140	70																																											
Plant	220	110	330	165	170	85																																											
Reissue	330	165	540	270	650	325																																											
Provisional	220	110	0	0	0	0																																											
<b>2. EXCESS CLAIM FEES</b>																																																	
							Small Entity Fee (\$)																																										
Fee Description							Fee (\$)																																										
Each claim over 20 (including Reissues)							52																																										
Each independent claim over 3 (including Reissues)							220																																										
Multiple dependent claims							390																																										
<table border="0"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td colspan="7">           _____ - or HP = _____ x _____ = _____         </td> </tr> <tr> <td colspan="7">HP = highest number of total claims paid for, if greater than 20.</td> </tr> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td colspan="3"></td> </tr> <tr> <td colspan="7">           _____ - or HP = _____ x _____ = _____         </td> </tr> <tr> <td colspan="7">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____ - or HP = _____ x _____ = _____							HP = highest number of total claims paid for, if greater than 20.							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				_____ - or HP = _____ x _____ = _____							HP = highest number of independent claims paid for, if greater than 3.							
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																																											
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_____ - or HP = _____ x _____ = _____																																																	
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<b>3. APPLICATION SIZE FEE</b>																																																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																	
<table border="0"> <tr> <td><u>Total Sheets</u></td> <td><u>Extra Sheets</u></td> <td><u>Number of each additional 50 or fraction thereof</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td colspan="5">           _____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____         </td> </tr> </table>								<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____																																				
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_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____																																																	
<b>4. OTHER FEE(S)</b>																																																	
Non-English Specification, \$130 fee (no small entity discount)																																																	
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u>							130.00																																										

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	39,248
Name (Print/Type)	Helen C. Lockhart	Telephone	617.646.8000
		Date	January 12, 2009

<b>Certificate of Electronic Filing Under 37 CFR 1.8</b>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: January 12, 2009	Signature:  (Sharon R. Lloyd)